THE

MEDICAL AND SURGICAL REPORTER.

No. 679.] PHILADELPHIA, MARCH 5, 1870. [Vol. XXII.—No. 10.

Original Department.

Communications.

A WELL OF MAGNETIC WATER IN AMERICA.

By Stiles Kennedy, M. D.,
Newark, Delaware.

I propose to give a short account of the discovery, analysis, and therapeutic value of a most remarkable well of water, recently discovered at St. Louis, Gratiot county, Michigan, together with some suggestions regarding its use, etc.

Last spring a company began boring at the above named place for salt water, with the intention of starting a salt manufactory. As the auger went down the following geological formations were developed:

Clay gravel and small boulders,	-	40 feet.
Blue clay,	-	30 "
Fire clay,	-	13 "
Sand gravel,	-	39 "
Shale running into Blue shale,	-	15 "
Coarse sand and gravel,	-	55 "
Small stones,	-	6 "
Rock,	-	2 "

Making 200, the total number of feet bored. The pipe used was of 3¼ inches diameter, and it was found to pour out 280 gallons of water per minute. But the water was not *salt*, and it was, therefore, abandoned for manufacturing purposes. But being of low temperature—50° F., and good taste, it was used by the town at large for drinking, and by many for the usual purposes of the household.

Sometime after this, it was observed by some one of the number going hourly to the well for water that the iron pipe through which it flowed would attract and hold small tools and pieces of iron and steel, such as the pocket-knife; pieces of these metals were then laid in the trench that conveyed the surplus water away, and it was found that they became magnetized in a day or two by the action of the water. An old paralytic in the town, perhaps, one who had winced under Jerome Kidders' "best yet devised," conceived the idea that it would restore his arm. So he began a system of baths and drinks, and day by day the people of the town saw him gradually restored to usefulness of limb. Those who witnessed this cure sent for their friends—many of these were cured. Many visited the well afflicted with other diseases, of course all the incurables of every description visited the wonderful water, until the town was filled really "with all the ills that flesh is heir to."

Dr. Samuel P. Duffied, Professor of Chemistry, Detroit Medical College, has analyzed this water, and obtained the following result, calculated on the imperial gallon. Specific gravity 1,011:

	Grains.
Sulphate lime	66 50
Silicate lime	6.72
Chlorine—a trace	
Bicarbonate soda	106.40
" lime	69.40
" magnesia	17.50
" iron	1.20
Silica free	2.88
Organic matter and loss	2.00
Total constituents	272.60
Bicarbonates	194.62
Free carbonic acid in gallon	6.21
Sulphureted hydrogen—traces	
Total mineral matter in one gallon	270.60

This analysis was made in Detroit, about the last of September, 1869, from water that had been standing in a tin can some three or four weeks. From some experiments made by myself, I am satisfied that the quantity of iron given by Dr. Duffied is too small by at least one-half, or that the chalybeate principle has increased in the well since his analysis

was made. This latter opinion would seem to be borne out by the fact that the sulphureted hydrogen has increased in quantity so much as to attract the attention of those in the habit of visiting the well, and if one constituent thus change, why not others? And if iron be deposited on the tin-can containing the water examined by Dr. Duffied, why should not other important principal constituents go down with it?

I have on the table before me some water taken from this well in December last; it is beautifully clear, and to the taste, is barely perceptibly alkaline; and at its natural temperature, before its gases had escaped, I should say it was pleasant to drink. I have had submerged in some o this water, for three days, a knife blade, a pair of scissors, and a large needle; either of these will now quickly move the needle of a compass, or passed through a little pile of steel filings, either article will become covered with adherent particles of steel. I tested these instruments before I placed them in the water, therefore I know that they were magnetized by this water.

Looking at this matter, therefore, in its double significance of magnetic influence and chemical action, it is to all intents and purposes a *medicine;* and according to the views generally accepted at present of diseases and their treatment, a medicine that will apply, with much hope of good, to two separate and distinct classes of disease.

By magnetism to paralysis, neuralgia, and other diseases of the nervous system.

By its alkaline carbonates to certain diseases of the alimentary and renal secretions, uric acid diathesis, dyspepsia, and rheumatism, etc.

In considering the manner in which this water acts to benefit or cure disease, it should be borne in mind, that the action of this, like all other medicines is relative, depending on the condition of the system at the time of administration. From conversations I have had with several persons who have visited this well, I conclude that the water has three distinct, sensible, or active effects, diuresis, purgation, and diaphoresis, besides two insensible or passive actions: tonic and alterative. If the quantity of sulphureted hydrogen should continue to increase I have no doubt this water will become sensibly stimulant, a point not to be overlooked, and properly remedied if necessary. The popular opinion is that the sensible action of the water of mineral springs is the remedial one, and a large majority of persons visiting these places, if they do not perceive at once some commotion of the organs, think the water does them no good; while the truth is, that in the vast majority of cases the active action of the water is *not* only unnecessary, but absolutely injurious; from the fact that it is antagonistic to the quiet, profound, tonic, and alterative action which is the highest good. We have all been provoked while trying to bring a patient under the alterative effects of certain medicines to find them passing off by some of the emunctories, and we must either withdraw our medicine for a while, or diminish its quantity or, throw in other remedies to close the emunctories, in order to gain our point. This same general rule applies with much force to the use of this water, while it does not preclude the fact that cases will occasionally arise where the sensible action of the water is required. For instance, that of a man suffering from calculi, bloody urine, perhaps albuminous, offensive, and ropy. By producing a strong diuretic action with the water, the calculi may pass away and the urine become natural. Indeed this water it is hoped will apply with special potency to cases of calculus and gravel, aside from its diuretic effects. It has been observed by the inhabitants of the well region that, the hard incrustations on their kettles produced by the habitual use of lime water is rapidly removed by magnetic water being boiled in the vessel; no doubt it would be removed at a lower heat than the boiling point, but more slowly. No experiments have been made to determine the lowest temperature at which the water will have this effect, nor what effect this water will have on real calculi and gravel *out* of the body. A series of such experiments might prove of incalculable value.

I cannot better illustrate the difference between the active and passive action of this and other mineral waters, than by a case from my own practice. In the spring of '66 I was consulted by letter by a gentleman in Kentucky who had been a victim to rheumatism for several years; generally two attacks a year: early fall and late winter. He was just over his winter attack. I advised him to make a journey to the Washita hot springs and spend three months. He concluded to do so, and made the start; but before he reached his

destination he was persuaded to try some of the many small, or at least comparatively unknown springs on his way. He was delighted with his trial; his liver, kidneys and bowels were acted upon severely, and he wrote me humorously, that "although I have not been born again, I have been waked up and washed out," and that he had not felt so well for ten years. Now this feeling was very natural, he had freed his system from some heavy humors, his various organs acted promptly and efficiently; he felt, therefore, light, unrestrained and easy in body and mind. He returned home after an absence of three weeks, and had his usual attack of rheumatism in the fall! He subsequently carried out my instructions, and has had no attack since, now nearly three years.

I have made inquiry regarding the popular *dose* of this magnetic water, and find that it varies from three to ten pints a day. Nature is indeed kind to open the flood-gates or some men would either turn into a pillar of salt or become so highly magnetised as to be inconvenient customers to a hardware merchant. I should judge by all the lights before me, that two pints *per diem* was sufficient for nine-tenths of the cases. To produce the tonic and alterative effects, it should be divided into four doses, and given one an hour before each meal, and before retiring. When given for its diaphoretic tendency, the most of it should be given after tea; if for the purposes of an aperient, the larger portion should be taken before breakfast, and for its diuretic effect, at any time between breakfast and tea, while the patient is taking exercise. Of course this can only serve as a general rule.

Beside the internal use of this water much reliance is placed by invalids upon its baths for curative results,—and subjected to proper rules I have no doubt of their efficacy. A correspondent of the *Detroit Post* writing from the well, it seems, says on this point:

"The use of it in a cold shower-bath, at first touch, is a wonderful shock, but a moment after a reaction takes place in the system, and it feels comfortably temperate; and when you come out of it the surface of the body is in a profuse glow, and the flesh tender to the touch of the towel."

He then spoils his story by saying:

"A few days' use of it eradicates any 'silver gray' tinge of the hair as effectually as certain hair restoratives!" He evidently wrote while the "profuse glow" was on.

Other things being equal we might expect the greatest benefit to be derived from bathing in this water at its natural temperature, but 50° F. is rather a low temperature for many patients and many diseases; besides it is not so pleasant at this season of the year. The questions therefore arise:

1*st*. What effect does certain increments of heat—above 50° F.—have upon the magnetism of the water and its chemical constituents?

2*d*. What effect does decrescent heat have upon the components of this water? and these lead to a

3*d*. How much of the curative properties of this water, whether taken internally or externally, depends upon its magnetism? I have instituted some experiments on these important points, which I hope, after a while, will be more satisfactory than any theories I might offer now.

The following table will exhibit the quantity of mineral matter per imperial gallon in various celebrated mineral springs of this country. The temperature is also given:

	Grains.	*Temp. F.*
St. Louis Magnetic Well Mineral Matter,	270	50°
Virginia White Sulphur " "	115	62
" Salt " " "	186.08	53
" Red " " "	26.58	54
" Blue " " "	86.33	46
" Sweet Springs " "	74	73
" Red Sweet " "	94	77
" Hot Springs " "	30	105
" Warm Springs " "	23	98
Ky. Harrodsburg " "	255.60	—
" " Chalybeate " "	356.80	—
Tennessee Montvale " "	108.34	—
N. C. French Broad River " "	36.13	100
Miss. Cooper's Well (Art'n) " "	105.471	
Miss. Ocean Springs " "	61.353	
N. Y. Adirondack " "	76.8920	

The solid contents of all the above waters are for the most part sodium, magnesium, potassium, ferrum, calcium, in various combination with carbonic, sulphuric, and silicic acids, or with iodine, bromine or chlorine. It will be observed that so far as the quantity of mineral matter is concerned, the magnetic well holds the first rank. If a similar table were arranged for the gaseous contents of the several waters, it would be found that this water contains so small a portion as to make it rank among the lowest on the list.

But we must not be misled by supposing that it is the quantity of either the solid or gaseous portions of mineral waters that give them efficacy as therapeutic agents; that comes from the beautifully intricate chemical combinations forever going on in Nature's great laboratories.

If time and space would allow me to spread on this paper a complete analysis of each of

the waters mentioned, as I have of the Magnetic well, so that the constituents of each one could be compared with the others, it would at best serve only to *indicate* that certain waters would be more suitable to certain diseases, than other waters. We could derive no positive information, from the fact that the acids and alkalies which we pour into nature's delicate combinations, destroys some of them, and new ones are formed that did not exist in the water.

This part of the subject can be nicely illustrated by two or three instances. The analysis of the Chalybeate spring at Harrodsburg, Ky., shows that water to contain .50 grains of iron to the imperial pint, yet that small quantity of iron is so combined, that it often causes distress in the head; while other waters containing vastly larger quantites of iron produce no such effect. It is impossible to account for the headache, unless the iron is in some subtle combination which the analysis cannot reach. Again, the analysis of some of the Alum Springs of Virginia, would indicate those waters to be decidedly astringent, and with that idea persons have visited them, when to there astonishment they find the waters *purgative*.

We do not know why the waters of the river Jordan are better than those of the Abana and Pharpar, other rivers of Damascus, but as all experience teaches that it is such, we must accept it as truth; and so in regard to mineral springs. Every fountain must stand by its own record.

This being the case it is a matter of great moment that places of the sort should have a competent, active, resident physician to take careful notes of every case using the water, of the disease, the mode of using it, and the result. In a short time he would be capable of giving good and wholesome advice to persons visiting his spring for the recovery of health. In Europe these physicians are appointed by law. It was found there that great injury resulted to the people, from their not knowing what particular water to use, and how to use it in the greatly deversified forms of disease.

And in this country many of the best mineral springs have found it necessary to appoint intelligent resident physicians in order to facilitate as far as possible the recovery of those who could be benefited, and also to discourage the stay of those, that experience had proved to be incurable or injured by the water. The record of the physician therefore is the only sure guide the medical profession can have in the use of these waters. And the want of such information must disqualify for the intelligent recommendation of these valuable remedial agents.

Probably I should not have said that the *best* mineral springs have these resident physicians; but I can say with truth that these physicians by their experience and practical observation of the effects of these waters in various diseases, by their positive knowledge of the adaptability of the water to certain diseases and the exact method of using it, and the many necessary adjustments have given to certain springs the *best* reputation; while doubtless there are other springs just as good, if not better, that have failed, because visited by large numbers of invalids, who entirely ignorant of the proper use of the waters, were not benefited, and therefore discouraged every one else from trying them.

HEMORRHAGE FROM THE BOWELS IN A NEW-BORN INFANT.

By J. B. Graves M. D.,

Of Corning, N. Y.

(REPORTED BY DR. CHAS. M. GRAVES)

Mrs. B. was taken in labor with her second child, Sept. 22nd, 1869, at one A. M. Mrs. B. is of medium size with nervo-bilious temperament.

Her pains were very moderate. Dr. J. B. G., was called to see her at 6 A. M., found the os dilated, the head well engaged in the pelvis, and ten minutes intermission between the pains, which were moderate. Pain in the back severe. She was very cheerful. The labor progressed in this manner until the pains became expulsive, when a female child weighing seven and one-half (7½) pounds was expelled in the first natural labor position, at ¼ before ten o'clock.

The pulsation of the cord soon ceased—the funis was tied and cut. The child had a remarkably red plethoric appearance. It was also noticed that she was very much warmer than was natural and that her hands and feet were exceedingly hot. The child was washed and dressed in the usual manner by a careful and intelligent lady in the usual time. Child was very quiet, cried but little, was put to the breast when she nursed with vigor.

Sept. 23.—The child had passed urine very freely, but had had no passage of the bowels.

Molasses and water had been given her in small quantities. She slept most of the time and was very quiet. The heat and redness continued, aside from that the child appeared perfectly well. No tumefaction of the bowels, no crying, but little worrying, not as much as children usually have at her age. Dr. G. introduced a small probe into the anus and pressed it very gently to one side so as to partially open the sphincter—the meconium immediately began to pass, it was rather dry and stringy, and did not at first pass very freely, but did so pass after a few hours. At 11 P. M., Dr. G. was called in great haste, the child had commenced passing blood from the bowels. When he reached the house she had had three passages of blood mostly coagulated. Child's pulse full and very distinct, and she was very quiet. The heat of surface and extremities was much diminished. While he remained she passed about an ounce and a half of coagulated blood; recommended that the child be kept as quiet as possible and be permitted to nurse frequently. A portion of the discharge was submitted to an examination under microscope and found to be blood.

September 24, *A. M.*—Visited her again, found she had had several more discharges, making in all the quantity lost about six ounces, and was much weakened and very quiet. The countenance much bleached, the hands and point of the noise very white, ears the same; pulse still very distinct, but neither so frequent nor so full as at last examination; the surface not so hot, but warm as it should be. The child appeared hungry; ordered a little sweetened water as the mother had no milk as yet. 2 P. M., called again; sweetened water had satisfied the child, and she had slept most of the time. There had been two more passages—one of an ounce and a half, the other of an ounce of blood; child more pale and feeble. 7 P. M. Mother secreted plenty of milk; child nursed very freely and with strength. There had been but two very small passages from the bowels since last visit—not over a drachm at each passage; pulse stronger; skin natural; hands up at the face, and fingers flexed; not so pale as at last visit; not too much heat. Had a small passage of blood while Dr. G. was present, at this visit half a drachm in quantity, and coagulated. In the afternoon previous, child had turned quite yellow; this color was hardly perceptible in the evening.

September 25.—Heat natural; had two small passages of blood during the night—about half an ounce in all; slept well and nursed very freely. 6 P. M. During the day child had two normal passages of the bowels; appeared to be getting well; yellowness of skin partially passed away from face and hands, but very deep yet upon body.

September 26.—Child very well; yellowness of skin slowly disappearing; bowels moving naturally.

Monday, September 27.—Child troubled a little with flatulence; passages from bowels normal.

There was a large amount of blood passed the child, in all twelve (12) ounces. Where did it come from? How came it in the bowels? The child did not appear so weak as would be supposed she would upon the loss of so much blood. One peculiarity of the child not mentioned was mentioned by the mother before the birth of the child, that the child seemed to grow all at once, as she expressed it,—during the seventh and first part of the eight month. Dr. West in reference to this subject remarks: "Among those rare diseases, too seldom met with for any person to have what may be called real experience about them, may be mentioned the vomiting and purging of blood, occasionally observed in infants and young children. In the greater number of cases the occurrence has taken place within a few days after birth; sometime within a few hours, and, in some instances, has followed a tedious and difficult labor, in which the head of the child has been much compressed, or the abdomen has been pressed on, or otherwise injured, during attempts at its extraction, while in other cases the difficult establishment of respiration has seemed to be the predisposing cause of the hemorrhage. Very often, however, no reason can be assigned for it. Sometimes it is unattended by any other indications of disorder of the abdominal viscera."

In the above case there were no indications of any other disorder of the intestinal canal, nor was the labor tedious or difficult, nor was there any difficulty in establishing respiration. Formerly the idea prevailed that all sanguineous effusions invariably depended upon rupture of the blood vessels.

Morgagni seems to have been the first to suggest that hemorrhage might be the result of exhalation without lesion of the vessels

from which it emanated. This opinion is well calculated to throw some light on the case before us. But there is a difficulty here to be removed. The set of open-mouthed vessels, known by the name of exhalants, do not exist, or at least none have ever been demonstrated. How then can we explain the exhalation of blood? Are we to suppose that the arteries are everywhere furnished with pores through which the contained fluid merely percolates? It has been satisfactorily proven by experiments a thousand times that all animal tissues are permeable to fluids and gases, which could not be the case if they were destitute of pores. Assuming that all vesicular canals are porous, the most plausible theory that suggests itself is, that all hemorrhages not dependent upon rupture are caused by a sort of exosmosis or transudation, by which the elements of the blood are forced through the coats of the vessels and made to occupy situations in which they are not naturally found. Or it may be supposed that the capillaries being in a state of debility and relaxed, have their pores rendered unnaturally patulous, and thus allow the blood to have a more ready egress. Nor is it probable that the change, whatever it may be, is confined to the minute vessels.

To give rise to the phenomena in question, the nervous system must be involved so as to promote, if not excite, the perverted action. In this case there was evidently a want of nervous action, or the bowels would have moved. After they did move a want of nervous power to carry on the circulation in the large intestines produced the hemorrhage.

I do not know that I am prepared to suggest any course of treatment in like cases. It has been suggested by Dr. C., a very talented and successful neighboring practitioner, that a dose of castor-oil would have very readily relieved the patient, that he had on one occasion given a dose of castor-oil in a case of hemorrhage from the bowels with perfect relief. Another gentleman has suggested that astringents would have been good treatment. The indications in the case before the hemorrhage commenced were, by some means to remove the plethoric condition of the system, and thus reduce the great heat which was so manifest; perhaps a cathartic would have accomplished this object. Had I another case, I should not wait as in this case and depend upon molasses and water to move the bowels, but administer a cathartic. After the hemorrhage commenced I would not have given a cathartic.

A CASE IN CONSERVATIVE SURGERY.

By M. W. Alfred.
Of Galesburgh, Michigan.

In August last, while several ladies were in a flour mill at Yorkville, Michigan, the dress of one of them, (Mrs. B———), a woman of fifty nine years of age, was caught by an upright iron shaft, of two and a half inches in diameter, then making 190 revolutions in a minute.

She seized the dress with both hands in order to detach it from the shaft, but her hands and under clothing were instantly wrapped around the remorseless cylinder. Being a fleshy, heavy person, before her body partook of the motion of the machinery, her arms were bruised and broken in a most shocking manner. The backs of both hands presented to the shaf , which detached some of the nails, grinding the integuments and flesh to a pulp. The *right* wrist was dislocated, the styloid process of the ulna protruding through the skin, the radius and ulna were fractured at their lower third, the olecranon process of the ulna was broken, and the elbow dislocated inward. The humerus was fractured about the middle of its shaft, which also was thrust through the integuments of the arm. The *left* arm was similarly fractured, the soft parts of the forearm being lacerated, through two-thirds of their extent, producing a grave compound fracture. The humerus was broken, but did not protrude. As soon as her body partook of the motion of the shaft, (with which it revolved about a minute, or 190 times), the centrifugal force caused her head to sweep around, and strike some barrels standing near, filled with wheat. This flayed her head from the eyebrows almost to the crown, tearing the skin and scalp into strips and shreds. I found her on a bed, and her arms lying in all manner of zigzags.

As reaction had not taken place, and fearing it never would, I reduced the dislocations, set and dressed the arms, drew together the portions of the scalp so they covered three-fourths of the skull from which they had been severed. This was done more to improve the ghastly appearance of the patient, than with the expectation of saving limbs or life. The weather being hot, a solution of carbolic acid was used to moisten the parts. Reaction finally set in, and matters progressed hopefully until the eighth day, when the fractured and dislocated elbow, and in fact the whole right

arm assumed a purple, gangrenous hue. Animal broths, tonics, and stimulants were exhibited, and yeast poultices, saturated with carbolic acid, applied, which in forty eight hours arrested mortification, and subdued the putrid scent which had become very offensive. From this time resolution progressed steadily; and at the end of four months the patient was able once more to feed herself, and her hands are moderately useful. The virtues of carbolic acid far exceed all its praise.

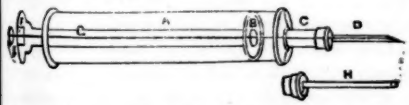
INSTRUMENT FOR EVACUATING DEEP ABSCESSES.

By John Shrauder, M. D.,
Of Montgomery Co., Pa.

The following description of an instrument devised for the purpose of evacuating abscesses of the lumbar region, the lymphatics of the neck, effusions of fluid, or collection of pus in the joints or various cavities of the body, and paracentesis, was read before the Montgomery Co., (Penn.) Medical Society, at its regular meeting in November, 1869.

The instrument combines two principles; that of applying exhaustive power, and the prevention of the admission of air into the cavity evacuated.

By applying great exhaustive power thick tenacious matters may be forced through an exceedingly small tube, the smallness of the tube requiring an exceedingly small puncture the tissues immediately close upon themselves after the withdrawal of the instrument, entirely precludng the possibility of the admission of air (especially if the wound is immediately closed by adhesive plaster), a valuable desideratum in the treatment of some forms of abscess, or collections of pus in various cavities of the body.



The instrument consists of a syringe, A, of suitable dimensions, with a closely fitting piston, B, a short nozzle, C, and a long slender steel tube, 3-16 diameter, 1-16 bore, (the size I employed,) D, one end of which is accurately fitted to the nozzle, while the other extremity is ground off on one side, after the manner of a hypordermic syringe. This form of the instrument is to be preferred in the case of abscesses, and has been employed successfully in the treatment of a case of lumbar abscess, during the past year, Oct. 10, 1869, in a child ten months of age, of a somewhat strumous disposition, (the real exciting cause of the abscess is unknown.) The tumor before evacuation occupied the whole left lumbar region, extending from the crest of the ilium to one and a half inches beyond the vertebral column, and bulging about one and a half inches from the natural surface of the body. It was poulticed for a few days previous to the first operation. The instrument was then thrust into the superior part of the tumor, the nozzle pointing downward, thus avoiding the pressure of the remaing contents upon the puncture, causing ulceration. The syringe was filled by withdrawing the piston, and the instrument was removed. A bandage and compress were then applied; the operation was repeated at intervals of five days, the third operation completing the cure. No other agencies were employed than those mentioned. The child is doing well, no recurrence of the disease having since taken place. About twelve ounces of pus in all were removed, which was of a thick consistence, curdy and of a greenish yellow cast.

In abscess of the lymphatic ganglions of the neck, I think this instrument will be found particularly valuable. By its intelligent use I think they can be treated successfully without resulting in those disfiguring cicatrices which always result if opened with the knife. And from the experience which I have had with the instrument, I have not the slightest doubt that in many cases, where large collections of matter have formed in the joints, many a joint may be saved by its removal by the use of this instrument, judiciously and timely employed.

For the operation of paracentesis a slight modification will be found advantageous. The tube, H, instead of being ground upon one side, is rounded off like the tube of a trocar. A small hole is drilled lengthwise through the rod of the piston, the end of which is furnished with an airtight packing, F, (a gum cork for instance,) through which is passed a pointed stylet, E, of a sufficient length to extend through the nozzle and tube. In use the instrument is thrust through the walls of the thorax, the stylet is drawn completely within the rod of the piston. Force is then slowly and steadily applied to the handle until the syringe is filled, the instrument is then with-

drawn, and the wound immediately covered with adhesive plaster.

The advantage to be gained by the use of this instrument in this operation is the extraordinary exhaustive power which may be applied, thus requiring a tube of exceedingly small bore for the passage of the pus and other contents of the chest. The stylet can be withdrawn, avoiding all danger of wounding the lung, and by fitting air tight prevents air from entering the pleural cavity. The puncture from the tube is so small as to immediately contract, causes very little pain, and exceedingly little risk of awakening active inflammation of the pleura.

Hospital Reports.

PHILADELPHIA HOSPITAL.

February 26, 1870.

By F. F. Maury, M. D.

One of the Surgeons to the Philadelphia Hospital, Lecturer on Venereal and Cutaneous diseases in the Jefferson Medical College, etc. etc.

(REPORTED BY HERMANN W. NEWCOMB.)

Perineal Section.

Gentlemen:—I take pleasure in reporting that the man upon whom I performed perineal section when I last had the pleasure of meeting you, is doing excellently well, having had no chill or pain, and indeed presenting no symptom of an untoward kind. The wound in the perineum although still open, is healing kindly, and in all probability in a few days the urine will again be passed through the natural channel. The case was one not promising the most gratifying result, and I am much pleased that it is progressing so favorably.

Secondary Syphilis.

Upon the occasion of our first meeting this spring, you may recollect that I brought a case before you of a man with a somewhat obscure history of chancre years ago, and who had upon his penis a sore of doubtful nature, which however, I proved to be specific by inoculation. (*Vide* Med. & Surg. Reporter for Jan. 22d, 29th, and Feb. 5th, 1870, H. W. N.) I then remarked to you it was my conviction, that at a period more or less remote secondary syphilis would be developed, the accuracy of which prognosis is now attested by the eruption diffused over this man's body. This case is one of important clinical interest, the immediate point at issue being, as many of you will doubtless recognize, as to whether the development of constitutional disease claims as its origin, the soft chancre that many of you saw, and the remains of which may still be perceived; or whether the sore contracted years ago, be the source of the contamination, its virus having lain dormant in the system until this late day, and aroused into activity by the depressing influences of the patient's surroundings.

The nature of the first sore we are ignorant of, and the capability of a soft chancre to involve, the system, at large, is strenuously denied by many able authorities; a view the adoption of which would compel us to regard the constitutional syphilis of the man before you, as wholly independent of the chancre and bubo he had a few weeks since. If you choose to maintain that the poison has been lurking undeveloped in his system for many years, well and good, for that is by no means incompatible with our knowledge of the phenomena of the disease; but it is to say the least of it, a remarkable coincidence, that this long latent poison should seize just that moment to announce its presence, when the secondary accidents following upon the soft chancre were most likely to be developed. In view of these considerations then, I think it more rational to attribute the eruption now existing, not to the sore of years ago, but rather to the one of more recent production. That the soft and inoculable chancre is fully capable of contaminating the system at large, I am, as I have before had occasion to remark, fully convinced, and this is an opinion you will do well to entertain also; for I conceive no man is justified, when a patient has a suspicious sore upon his penis, to omit cauterizing it.

Yet, if you believe that the soft chancre is but a simple, local sore, possessing no power to pollute the man's economy, why should he be subjected to the pain and inconvenience of having that destroyed which is in itself harmless? I do not often ask you to take things on faith, gentlemen, but believe me when I assure you, the soft chancre is not a harmless sore; the soft chancre *does* give syphilis, and I desire to impress upon your minds, that it is your duty when you meet with it to give your patient every chance to escape after trouble, by destroying its power to do injury. Holding the views I do, I cannot but think that in the patient before us, we have a striking exemplification of secondary syphilis, the result of the so-called non-infecting chancre; but be this as it may, the man has syphilis, and it is a matter of little practical moment so far as this particular case is concerned, whether the disease has its source from the contagion of years ago, or from that of a few weeks since. I can imagine a case where it would be highly important to trace accurately the origin of the disease; but in this man, the date of his contagion, besides being a matter of much interest, is a point without any special practical bearing. His treatment for the past few days has been the protiodide of mercury in doses of three grains repeated three times daily, and there is no reason why it should be altered.

Actual Cautery.

I next direct your attention to the case of a man who in September, 1868, had a chancre, which was followed by a suppurating bubo in the groin that has never healed. You will frequently meet with these cases of persistent bubo, and you will find them not very amenable to treatment. They are often engrafted on a constitution saturated with syphilis, and always manifest a predilection for those patients who possess some peculiar cachexia or are broken down in strength. They may take on phagedenic action and involve an immense amount of cutaneous surface, finally destroying the life of the patient by the irritation they produce, and the drain upon the system that so extended a suppurating surface must institute. The long list of remedies that have been proposed for the relief of this affection, is evidence that none of them exercise any very great governing control over it. Nitrate of silver, caustic potassa, bromine, and acid nitrate of mercury, have each their advocates and all of them are more or less entitled to your consideration. Dr. Atlee, of this city, has long employed a mixture of equal parts of brown sugar and charcoal, and as I have frequently derived signal advantage from its use, I commend it to your attention. But the actual cautery, one of the surgeon's resources from time immemorial, and to the value of which the experience of ages has given sanction, is a most powerful agent for good, and in no case adapted to its use, will you derive more decided advantage than in these ugly burrowing ulcers of a specific nature, which have long obstinately resisted less potent measures. The iron should be heated to a white heat, and the parts to which it is to be applied having been thoroughly dried, it is then passed firmly over the affected strictures. Cold water will be the most grateful dressing for the first few days, and when the eschar has dropped off, a slightly stimulating ointment will be all that is necessary.

Lithotomy.

I now present a very interesting case of a man from whose bladder I removed a phosphatic calculus in 1868, and upon whom I shall perform the operation of lithotomy, this morning, for the second time. He was discharged from this hospital in June of 1868, in good condition, having made a most excellent recovery, but he came to my office a few days since, presenting the symptoms of urinary calculus, and upon sounding, I readily detected a stone. I regard this case as one better adapted to cutting than crushing, for the man's bladder is undoubtedly diseased, and lithotripsy under such circumstances, will not yield satisfactory results. When a man possesses the dexterity of Sir Henry Thomson in the use of this instrument, who will seize a stone and crush it several times in the space of one minute, any ordinary amount of inflammation of the vesical walls is not an insuperable obstacle to its employment, but this requires rare skill in manipulation; and even when the operator has this, I am strongly disposed to bring into question the propriety of resorting to lithotripsy rather than lithotomy, in these cases of highly irritable bladder. By removing the source of irritation at once, the inflamed organ is put at rest, and given an opportunity to return to its normal condition, whereas, if it be still further fretted by the manipulations necessary to comminute the stone, not only does the bladder itself resent the interference, but it is not improbable that the general system may partake in the morbid action, much to the detriment of the patient. I do not wish to be understood as underrating the value of lithotripsy, for such is certainly not my intention. I recognize its great value in a certain class of cases, but I do not think it adapted to the patient before you, and in this view my colleague, Dr. J. H. Brinton, fully concurs.

The varieties of urinary calculi that practically need engage your attention are three in number. Uric acid and its combinations will be most frequently met with, constituting about three fifths of the entire number, while the rest will be made up of the phosphatic, with a small per centage of the oxalate of lime. The uric acid calculus is always originally found in the kidney, whence it passes into the bladder, where, if not evacuated with the urine it serves as a nucleus for the further deposit of acid, and thus it continues to grow by accretion until removed. The phosphatic stone is usually found in the bladder, though it may have a renal origin.

The mucus of a diseased bladder, may contain an excess of phosphate of lime, which combining with the ammonia of the decomposed urine, produces the ammoniaco-magnesian phosphate; or what is more generally known as the triple phosphate. The oxalate of lime calculus is of renal origin, and is the hardest and most dense of all the varieties of stone. When from the symptoms presented you are led to suspect the existence of a urinary calculus you should at once sound the patient. For this purpose select a steel instrument, not too large, and with a rather short and abrupt curve, in order that you may explore every portion of the bladder. The bladder should contain three or four ounces of water, and if the patient be unable to retain his urine, a sufficient quantity of tepid water should be gently injected through a flexible catheter. Your manipulations should be cautiously conducted, and if you fail to detect the stone at the first sitting, the operation should be repeated after the lapse of several days. The patient should assume the recumbent posture, with the head and shoulders somewhat elevated, and the thighs flexed upon the pelvis and slightly separated. The presence of the stone having been

positively ascertained, the patient as a general rule, should be put upon a certain degree of preliminary treatment, previous to an operation, and the day preceding this operation a cathartic should always be administered, in order to secure thorough clearance of the lower bowel. In lithotomy, the patient is placed upon the operating table, and when fully under the influence of chloroform, the legs are well flexed upon the thighs, the thighs upon the pelvis and held firmly in position by assistants, the shoulders are slightly raised and the body drawn down until the buttocks project over the edge of the table.

A staff about twelve inches long, having a groove somewhat toward the left side extending from about the middle of the instrument to its extremity, is passed into the bladder, and used as a searcher for the stone, the presence of which having been ascertained, the operation may be proceeded with. It is important that the staff should be of sufficient calibre to distend the urethra well; and it is still more important that it should be confided to one who is intimately conversant with the anatomy of the perineum, and the various steps of the operation. The staff should be firmly held, with the handle inclining somewhat toward the right side, care being taken that it does not press upon the rectum. All the instruments you probably will require should be placed upon a chair by your side within convenient reach. All being in readiness, the operator introduces the index finger of the left hand into the rectum to induce its contraction, and then entering his knife an inch and a quarter above the verge of the anus and just to the left of the median raphé of the perineum, it is carried downward and outwards to a point about equi-distant between the tuber ischii and anal aperture, though somewhat nearer the tuberosity of the ischium than the anus, the length of the incision being about three inches. The point of the left fore-finger is now placed in the upper angle of the wound, and the overlaying structures divided down to the staff, by successive strokes of the knife. Taking the nail of the fore-finger which rests in the groove of the staff as a guide, the urethra is entered and the knife carried on into the bladder, the left lobe of the prostate gland being divided in the direction of its long axis.

The moment the bladder is opened, the left fore-finger is carried into the organ, the staff is withdrawn, and the position of the stone being ascertained, the forceps are passed along the dorsal surface of the finger, and the stone grasped, if possible, in the direction of its long axis, is then extracted by firm traction, and a slow undulating movement from side to side. The various structures divided in the lateral operation of lithotomy are from without inwards—the integument, superficial fascia, the posterior fibres of the accelerator urinæ, the transversus perinei muscle and artery, the deep perineal fascia, the anterior fibers of the levator ani, part of the compressor urethræ, the membranous and prostatic portion of the urethra and part of the prostate gland. After the removal of the stone, the bladder is washed out with luke-warm water, a large syringe being used for the purpose. If hemorrhage ensue, the bleeding vessel should be seized and ligated, or failing in this, the wound must be plugged. These are the main steps of the operation, which to use the words of Sir Henry Thomson, "demands all the skill, self-command and force of a man;" but which, if well understood and cautiously executed, is simple, devoid of danger, and in my opinion, less difficult of performance than the boutonniér operation for stricture.

(The stone was readily detected upon introducing the staff, and this being confided to the charge of Dr. J. H. Brinton, the operator began his incisions, and following the steps of the operation as he has detailed above, succeeded in extracting a phosphatic calculus, which breaking when seized with the forceps, was removed in two fragments. No hemorrhage ensued, and the patient was removed to his bed doing well.—H. W. N.)

Medical Societies.

PROCEEDINGS OF THE PHILADELPHIA HOSPITAL MEDICAL SOCIETY.

At a regular meeting of the Society, held February 9, 1870, the Second Censor, Dr. H. W. Elmer, in the chair, presented an essay on

Mammary Abscess,

which subject was adopted for discussion.

Dr. Elmer regarded the affection as annoying to the accoucheur, and causing much anxiety to the patient. His experience with mammary abscess had not been extensive, and it was mainly for the purpose of deriving knowledge on the subject, from the experience and views of the members, that he had chosen the subject. He had been led to regard the cause as due to two circumstances—cold and fissure of the nipple—the latter being much the more frequent of the two. A fissured nipple is more likely to cause a mammary abscess, from the inflammation of the irritated nipple, extending to the gland, especially if the child be permitted to continue nursing, rather than from an over distention of the milk tubules, and coagulation of the milk therein, as proved by the fact that women with still-born children, who secrete milk, rarely suffer from this trouble. A close observation will, in most instances, confirm this assertion. This manner of producing inflammation of the mammary gland was similar to that of an enlarged and inflamed axillary gland arising from an irritated sore on the hand. The

treatment of a mammary abscess ought to be regarded in the same light as that of any other simply inflamed gland—the use of the breast-pump, or the torturing practice of kneading the breast with the hand, or the application of hot fomentations, would only tend to increase the existing irritation of a fissured nipple, and invite a greater flow of blood to the part, and had not proved successful in his, observations. Churchill recommended cold applications to an inflamed breast, and Dr. Elmer thought this treatment, or the local use of anodynes, as lead, water, and laudanum, or belladonna, more in conformity with the ordinary antiphlogistic regimen. If pus formed, it should be evacuated by free incisions—the contents of the abscess not being entirely emptied at one time, so as to allow the walls of the abscess to gradually unite. Dr. Churchill recommended cold water dressing, even in this stage. The child should be withheld from the breast, and the nipple be protected from further irritation. Supporting the gland will afford relief, and when the more acute symptoms have subsided, pressure from adhesive strips will prove of advantage. Tonics, of which Mr. Skey prefers the comp. tinct. cinchon. should be given, with opiates to relieve pain, and nutritious diet, during the suppurative stage.

Dr. Jimenez was of the opinion that the sudden distension of the milk tubules, from a rapid accumulation of milk, was more frequently the cause of a Mammary Abscess than a fissured nipple,the distention acting as the proximate cause, even if the latter condition existed. The treatment should be to empty the gland of the milk.

Dr. P. B. Porter mentioned several interesting cases of mammary abscess coming under his care. He had followed the plan of unloading the breast of the supersecretion of milk, but had not always been successful in checking the abscess. One case was remarkable as not evincing any pain. In this case the breast suppurated, and was incised, leaving subsequently a very large and chronic ulcer.

Dr. Dessau thought the subject admitted of a more extensive division than was under discussion —he supposed the members were confining themselves to the subject of mammary abscess as occuring in the puerperal state. There was another predisposing cause of mammary abscess which had not been mentioned—that was the anatomical formation of the nipple, which being either too short, flat or excavated, or constricted at the base, gave rise to an abscess, either from over distention of the milk reservoirs, the child being unable to grasp the nipple; or from the inflammation extending from the nipple to the breast; the result of decomposed saliva collecting in the groove around the base of the constricted nipple. Prof. Byford of Chicago has given a valuable treatise on these causes of mammary abscess, in his superb work on Diseases of Women. Abscess of the breast arising from cold is more severe and the constitutional symptoms more intense than when the result of simple over-distension of the milk ducts. In this variety the cellular tissue of the gland is the seat of the inflammation, the ducts or acini being involved secondarily. The treatment should be adapted to the cause; if from an irritated fissured nipple, as Dr. Elmer has advised, the antiphlogistic course was preferable, if from simple over distension, relieving this condition would abort the abscess. Mammary abscess produced by cold, should be also treated on antiphlogistic principles. Pressure with the sponge dressing would be most applicable in this variety. Ext. Belladona with equal parts of lard applied to the entire gland, was found to successfully check a mammary abscess arising from cold.

Dr. W. G. Porter said that he had seen a number of cases of threatened mammary abscess successfully aborted by the application of hot cloths, covered with oil silk, and followed by emollient applications. His experience with the use of belladonna had not been uniform; he had given the extract with comp. tinct. cinchonæ internally, but not with entire satisfaction.

Dr. George H. Fox agreed with Dr. Elmer in regarding the inflammation productive of mammary abscess as similar to inflammation of any other gland. He preferred the cold applications and had used them successfully. He had used warm applications, but not with as good result.

Dr. Hand thought there was danger of producing a more serious trouble than that of the mammary inflammation from cold applications to the breast—an inflammation of the lungs or heart was not impossible. He preferred the local use of anodynes.

Dr. Hall thought that the time from the date of the delivery would furnish a guide to a correct diagnosis of cause in this affection. The abscess might then be treated on rational principles. If occurring soon after delivery, a distention of the milk ducts might be regarded as the exciting cause —later on, cold or a fissured nipple, would be a more probable cause. Large doses of quinia had been advised in abscesses of the mamma, arising from over distention of the ducts. He was using the treatment but as yet had obtained no positive result.

Mesenteric Tumor.

Dr. Hall as chairman of a committee to report upon a case of large mesenteric tumor, stated the tumor had been examined microscopically, and decided by the Committee to be tuberculous in character. The patient was at the time of death in the Colored Obstetrical Wards, and had been confined six months before. She was troubled with a cough a few weeks before death, though she had not complained until a few days before death when some

aphonia was noticed. She was in bed only two days. No diagnosis was made before death. An autopsy revealed the lungs filled with miliary tubercle. The heart and its covering were somewhat congested—the pericardium contained over 8oz. of fluid. The mesentery contained a mass of enlarged glands—the largest which is referred to above, being about half the size of the liver. This was found embracing the abdominal vessels, apparently diminishing the calibre of the aorta. There were about two quarts of fluid in the peritoneal cavity.

Dr. Fox presented a report of two fatal cases of

Pelvic Abcess.

One occurring in a man of tuberculous diathesis, spontaneously pointing below the crest of the ilium, at the sacro-iliac junction. The abscess was opened two months before death, and was supposed to be connected with caries of the vertebrae. An autopsy showed the vertebrae not to be involved, but the abscess had dissected down along the iliac fossa, destroying the iliacus muscle, and emerged at the greater sacro-sciatic foramen, terminating posterior to the capsular ligament of the hip joint. The posterior half of the iliac crest was in a necrosed condition—the inner surface of the bone was denuded of periosteum. The other case occurring also in a man, was the result of an injury to the iliac crest received a year previous. A fistulous orifice had existed at the ant. sup. spinous process of the ilium for some time—swelling of the inner portion of the thigh was noticed some weeks before death. The abscess was found in a post-mortem examination to extend back to the vertebrae—it dissected downwards along the inner side of the femoral vessels to the middle third of the thigh. Over the horizontal ramus of the pubis calcareous degeneration of the abscess wall was noticed. No communication with the intestinal canal was discovered.

Syphilitic Ulcer.

Dr. Dessau presented a report of a case of extensive ulceration occurring in a male aged 50 years, who had suffered from syphilis for three years. The ulceration appeared upon the site of a former suppurating bubo, nearly a year after the bubo had healed. The patient at the time of his entrance to hospital was much depressed—he had previously indulged to excess in dissipation. The ulcer spread rapidly, attacking the cellular tissue first, and the skin last, leaving a jagged, overhanging border on its upper portion, while below, the ulcer appeared to be healing. It had existed nine months before his entrance to this house. When first seen it presented the outlines as roughly denoted in the plate.

He remained under treatment, gradually improving, for three months, when he rapidly sank, and died from an exhaustive diarrhœa. His treatment was that of constitutional syphilis. The case

was presented as perhaps interesting from the extensive character of the ulcer; many of our older surgeons who saw the case, having remarked that it was the most extensive which had come under their observation.

CINCINNATI ACADEMY OF MEDICINE.

REPORTED BY DR. HADLOCK FOR THE MED. AND SURG. REPORTER.

Meeting of December.

Hypodermic Injections.

Dr. Patton remarked that he had had both pleasant and unpleasant experience in the use of hypodermic injections, but upon the whole he was in favor of them; that errors in their administration should not be urged against this system of medication. He recommended that the solutions be made from freshly distilled water and carefully filtered, and as concentrated as possible, as it may be laid down as a general rule, the smaller the quantity the less irritation. A solution of morphia may be made thirty-two grains to the ounce. Also, the needle should be cleaned and passed into the connective tissue entirely clear of the derma. The skin should be well pinched up from the periphery of the part, made tense, and the needle passed in perpendicular to it; by then relaxing the skin the needle glides into the connective tissue. Further, after using the syringe the wire should always be passed into the needle and allowed to remain there till used again. If these apparently trivial matters were more observed, we should hear by far less

complaint and condemnation of this valuable method of treatment. Relative to the other portion of Dr. STEVENS' able report—that discussing the recent system of inhalation of atomized fluids, I may be permitted to state that I have had some experience with it, and regard it, too, as a valuable adjunct in the treatment of many diseases.

In illustration I will very briefly report a case: That of an old gentleman 71 years of age, and of a general hemorrhagic tendency. He informed me that from youth up he had frequent bleedings; that a trifling cut or wound would bleed much longer than in an ordinary individual. In 1860 he had alarming epistaxis, which was eventually controlled by a physician of this city injecting into the anterior nares, in various directions, a saturated solution of some kind (probably the persulphate of iron). Several months later I attended him in another attack, which was arrested, after all other means had failed, by plugging the posterior nares. Four years ago he had hæmoptysis, recurring suddenly in the night while apparently in health. He expectorated, or rather hawked up within an hour over a pint of fluid florid blood, without pain, fever, dyspnœa, or severe coughing; symptoms indicating that the source of the hemorrhage was from a point not lower down than the trachea. This attack gradually subsided within 48 hours under the use of iron, lead, and opium. Last spring the hæmoptysis recurred again, not so copiously as in the first instance, but attended with fever, severe coughing, dyspnœa, pain, and the expectoration of viscid, frothy, florid sputa, indicating that the source of the discharge was from some point well down within the lungs. I resorted to inhalation by a modified single apparatus, using 10 drops of the muriated tincture of iron to the ounce of water. The hemorrhage ceased with the first inhalation of 10 minutes duration, except that during several succeeding hours he spat up a small amount of tenaceous, dark, rusty colored matter; no other treatment was employed.

Several days ago I was very much gratified—that is in a professional sense—on being called again to this same party in another attack. The treatment by the atomized solution was attended with the same prompt and happy results as in the former instance. And I must say that I was forcibly impressed by its rapidity and directness in contrast with the old, slow and indirect system of medication. As there may be scepticism with some, relative to inhaled minute liquid particles really penetrating the minute bronchioles and air vesicles, I will state that this has been proven.

It has long been known that medicated solutions reached by breathing as low down as the inferior portion of the trachea. The most notable example which I can now recall to mind was that of an attendant in the Hopital Beaujon, who had a tracheal fistula, the result of a former tracheotomy. She breathed through a canula; she was requested to inhale a solution of tannin. Thereafter a piece of lint, wet with a solution of iron was passed through the canula into the trachea. Upon removing it, it presented a well marked reaction of tannin.

You are of course aware, Mr. President, that men who are workers in stone and metals, in confined spaces, have their sputa more or less charged with the fine dust of these substances. Lewin confined small animals in an atmosphere filled with fine particles of coal. On killing them, the coal dust was found throughout every portion of their lungs.

Subsequently the lungs of deceased foundrymen, colliers, stokers, etc., were critically examined. The microscope and chemistry both revealed the presence of minute particles of stone and metal, not only throughout the minute bronchi and air vesicles, but even in the lung tissue itself, their acuminated form enabling them to penetrate it.

It now being known and admitted that minute *solid* particles reached every portion of the respiratory apparatus, it was surely rational to suppose that minute *liquid* particles would likewise reach the same localities, and experiment conclusively proved it.

DEMARQUAY, first upon the lower animals, fully demonstrated the penetration of liquid medicated atoms to the whole respiratory surface. It yet remained, however, to prove it in the case of man, and it was not long until the opportunity was afforded.

Prof. ZDEKAUER, of St. Petersburg, treated a case of hæmoptysis, *in extremis*, by the inhalation of the muriated tincture of iron, the man succumbed soon afterwards. The autopsy revealed the presence of the iron in the coagula and a larger proportion than normal in the lung tissue.

Again: at Freirich's clinic, a man with phthisis was similarly treated. Death supervened the next day. The *post mortem* here likewise showed small quantities of iron in the uncombined state in the dark fluid and coagula in various portions of the lungs. To be successful in the use of inhalation requires considerable pains-taking, attention to minutiæ and perseverance on the part of the medical attendant. As far as possible they should receive his personal supervision. Attention to the position of the patient; the proper manner of breathing; keeping the tongue in proper position; temperature and force of the spray; distance from the vaporizing tubes, etc., etc., are all important, and should not be entrusted wholly to the inhaler. There is another little matter of the first importance, that the extremities of the tubes be as capillary as possible, for the smaller the tubes, the finer the spray; and the finer the spray the deeper the penetration. There are many minor details to keep in view in practicing inhalation, which may be found in the books on this subject, among the best of which is that of Emil Siegel, the most prominent advocate of the system.

EDITORIAL DEPARTMENT.

Periscope.

Rupture and Abscess of the Uterus.

Dr. GRENSER, in the *Monatsschrift fur Gebrertskunde*, 1869, gives a report of the Dresden Lying-in Hospital, in which two cases of rupture of the uterus in which cephalotripsy was restored to after turning. In one the patient had previously undergone two hard labors. The true conjugate was 2″ 8‴. The head presented. After forty-eight hours labor, severe pain was felt in the belly, and the head was no longer felt above the brim. A rent 3″ long was felt in the posterior wall of the uterus. The child was brought down by turning, and the cephalotryptor applied. The placenta, which had escaped into the abdominal cavity was removed. Hæmorrhage great. Patient died two days afterward with severe peritonitis. The uterine walls near junction of body and cervix were extremely thin. The rent ran longitudinally. *Second case.*—A rachitic woman had previously been delivered by perforation and forceps. The conjugate measured 2″ 6‴. Labor very slow; head movable on brim. In the midst of considerable pain the uterine contraction ceased, and the head was higher above the brim. A rent was felt to the right posteriorly, running from the body of the uterus through the neck to the vagina. Turning, extraction, and cephalotripsy were resorted to. Hæmorrhage great. Peritonitis set in immediately, and destroyed the patient on the second day. Here, also, on section, a remarkable thinning of the womb at the site of laceration was found.

Dr. HENNIG in the same journal reports a case of abscess of the uterus, an organ little disposed to this affection. A woman recovered very slowly after her second labor; and after the third and last, had a severe hæmorrhage. This was followed by secondary hæmorrhage. Injection of vinegar or perchloride of iron always stopped it but it returned. The uterus was low in the pelvis and fixed. Syncope repeatedly occurred, so that transfusion was resorted to. Blood, whipped and filtered, was used, but very little could be thrown into the veins. The patient died three hours later. A fibrinous clot was found in the vena cava, filling the right auricle, in which was also a loose thrombus, probably an embolus from the uterine vein. The fibrinous clot extended into the pulmonary arteries. In the right median vein, close to the point of puncture, and nearly filling the calibre, was a firm clot, extending to the basilic. This head, no doubt, hindered the transfusion. The lungs were œdematous. The uterus was fixed at the left to the pelvic wall. A little above the os uteri were two openings; the larger was the uterine cavity, the smaller led to the left into the cavity of an *abscessus gangrenosus parametriticus*. A bit of decomposing matter, resembling placenta adhered. In a branch of the much distended left uterine vein, which ran close to the cavity of the abscess, was an old decomposing thrombus, from which a portion had become detatched, and become arrested in the right auricle, and had given rise to the sense of oppression felt during life. The author traced the cause of the process to the penultimate labor.

Spondylolisthesis.

Dr. ENDER relates a case of this complaint in a woman of 31. (*Monatsschrift für Gebrertskunde*, 1869.) She looked well formed, but had, however, overhanging belly in an extreme degree. The promontory could be reached by two fingers. The external conjugate measured 7½″; and in taking this the peculiar abnormality was discovered, for the sacrum projected strongly backwards, whilst immediately over it, the lumbar vertebræ were pushed forwards. The woman said that two years before she had, whilst lifting a heavy basket, suddenly felt severe pain in the sacrum, which gradually subsided in fourteen days. The basket is the "hotte," or, in German, "tragkorb." In using it the person stoops as much as possible, so as to get the shoulder straps over the shoulder, and then has to rise with the burden. During this act probably the vertebra slipped forward at a spot previously diseased. Labor at term was waited for. The cervix dilated slowly. The head was felt with difficulty. After fifty hours the forceps was applied with great difficulty; strong traction was used, but no advance followed. The head was then perforated. The child was then extracted. Fever set in after a few days. On the twenty-third day, on making an examination, suddenly a stream of pus escaped from the vagina. The patient died of irritative fever on the thirtieth day.

There was complete spondylolisthesis. The last lumbar vertebra had slipped down from the upper sacral vertebra about three inches forwards; the lumbar spinal column was a little rotated, so that the right portion of the projecting anterior edge of the fifth lumbar vertebra was lower than the left. The lumbar vertebræ projected strongly into the pelvic cavity. No intervertebral cartilage could be discovered. The cause had obviously been a caries of the surfaces of the bones.

Reviews and Book Notices.

NOTES ON BOOKS.

The annual report of the New York Orthopedic Dispensary, 1299 Broadway, shows that instuittion in a prosperous condition. One hundred and eighty nine cases were treated during the year 1869, and the particulars of several of them are mentioned in the report.

The catalogue of the Jefferson Medical College for the session 1869-70 shows a total of 435 matriculants. Somewhat more than one-half this number are from Pennsylvania, the remainder chiefly from the south and west.

The "Address delivered before the St. Clair and Sanilac Co. Med. Soc.," Michigan, by the retiring president, John T. Travers, M. R. C. S., is published at Port Huron, Michigan. We quote one passage pregnant with meaning: "I think I may with safety say, that their (irregulars) success is owing to the great ignorance of our people on medical subjects, and that the more we enlighten the public, and give them true information, the less popular will all forms of quackery become." These are golden words. Dr. M. K. TAYLOR, U. S. A., contributes an interesting case of poisoning by bin-iodide of mercury, which we shall take occasion to refer to at a future time.

The *Bowdoin Scientific Review* has been started at Brunswick, Maine, by Prof. BRACKETT and GOODALL, Professors in the medical department of Bowdoin College. It is fortnightly, the subscription price being $2.00. It opens with an article on Chloral Hydrate. The whole of it is selected.

ROOK NOTICES.

Proceedings of the American Pharmaceutical Association, at the sixteenth annual meeting held in Chicago, Ills., Sept. 1869. Philadelphia, 1870, 1 vol. 8vo paper, pp. 468.

So many of the reports of societies consist of a quantity of tedious minutes, a florid and empty "address by the president," and a few hastily written and largely second-hand "reports of committees," that it is really refreshing to meet one which is worth studying and keeping. This compliment is eminently due the volume before us, and indeed, all the series of which it is one. The American Pharmaceutical Association make this annual report a storehouse of information, which every druggist in the United States would find it greatly to his advantage to have and spend his leisure hours in studying. It gives in compact and clear language the progress of pharmaceutical science during the previous year; and no other epitome gives this so well.

The present volume has a number of special and volunteer reports and essays, among which, as of especial interests to physicians we mention one on extract of conium, on masking the taste of epsom salts, on preparations of lactuca canadensis, on oxalate of iron, on compound elixir taraxacum, and on collodion.

The volume can be had of the secretary, John M. Maisch, 1607 Ridge Avenue, Philadelphia.

The Journal of the Gynaecological Society of Boston. A monthly journal devoted to the advancement of the knowledge of the Diseases of Women. Edited by Winslow Lewis, M. D., Horatio R. Storer, M. D., and Geo. H. Bixby, M. D. Vol. I. July to December, 1869. Boston; James Campbell, publisher. Cloth; pp. 386.

We have at various times called attention to this enterprising journal. It is edited by active, thinking, and liberal men, and published in a style which will command the approbation of all critics. The half year forms a volume replete with instruction, and one that is worth much more than the money it costs, to every physician who has much to do with diseases of women. We hope many of them will provide themselves with it.

The Physiology of man; designed to represent the existing state of physiological science as applied to the functions of the human body. By Austin Flint, Jr., M. D. Secretion; excretion; ductless glands; nutrition; animal heat; movements; voice and speech. New York; D. Appleton & Co. 1870. 1 vol., 8vo., cloth. pp, 526. For sale by J. B. Lippincott & Co.

This is the third volume of Dr. Flint's physiology. Nearly three years have elapsed since the publication of the second volume and we had almost begun to fear that in the crowded days of a practising physician and teacher, he had lost sight of this great enterprise. But this volume shows not only its continuance, but a thorough and extensive study of the most recent authors and a careful experimentation.

The article on the functions of the liver is the most complete which can be anywhere found. Here Professor Flint is peculiarly at home: his own brilliant series of experiments being well known to all physiologists. At the commencement of the chapter on nutrition he discusses the question of life or "vital force;" or more properly, he avoids discussing it on the ground that it is too complex a phenomenon to be embraced in "a single comprehensive definition." He seems in his remarks on this topic to be less precise in language than elsewhere, and to confound *life*, a general physical fact, with life as applied to individual organisms, synonymous with *personality*. Another unfortunate choice of expression is to call the elements and chemical substances which make up the organism, such as water, the chlorides, etc., *principles*, as in the phrases "principles consumed by the organism." The objection to this loose phraseology is evident when the sentence just quoted is contrasted with one a page or two previous: "life seems to be a principle giving the property of appropriating matter from without."

In view of the frequent references to quite recent authorities, we are surprised that nothing is said of the hematopoietic functions of the marrow. These oversights, however, militate little against the general value of the work, and it is unquestionably the most comprehensive physiological treatise yet written in this country.

MEDICAL AND SURGICAL REPORTER

PHILADELPHIA, MARCH 5, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

RESPONSIBILITIES OF MEDICAL EXAMINERS.

We have more than once called attention to the culpably careless manner in which medical examinations for life insurance are frequently conducted, and exposed the collusion tacit or expressed which exists between some agents and examiners; and also the ignorance which is displayed even by chief medical officers in some instances.

One fact proves conclusively how timely our warnings were. It is the marked and alarming increase of mortality among insured lives. The reports of 1869, will show an average mortality higher than ever before, and in some companies it will be very noticeable. What are the causes of this increased mortality? 1869 has not been furrowed by war, pestilence or famine; on the contrary, the bountiful crops the general prosperity, the elements that make the bodies of men healthy and their minds serene, were never, on the average, more wide-spread than at the present moment and among the causes of this increased mortality, the mind of the enquirer will suggest with emphasis the fact that, an undue proportion of unsound lives has been put upon the companies, and the medical examiners must give answer to the stern demand HOW CAME THEY THERE?

Physicians should understand that they take a responsiblity of a very grave character upon themselves when they examine a risk. To illustrate this we shall extract from the *Insurance Monitor* some facts relating to the recent suit of the Manhattan Life Insurance against Doctor Robert White, of Boston, to recover $10,000 which was paid him by the company upon life policies issued upon Edward Delaney. These policies were issued in 1865 and were shortly after assigned to Dr, White. About two years after this Delaney died and the money due on these policies was paid to Dr. White. There were other Policies to the amount of $10,000 issued by another company and assigned to Dr White. The ground upon which the plaintives sought to recover back the money was that fraudulent representations were made by Delaney in his application for life insurance, and that these representations were made with the knowledge and participation of Dr. White. In answer to the questions in the application, Delany stated that he was a native of Ireland, was 28 years of age, that he lived in North street, where he kept a saloon. In answer to the question whether he had an habit

cough, he gave a negative answer, and to the question whether he was accustomed to drink liquor, that "he took a drink occasionally but was strictly sober." The principal grounds upon which it was conten ded by the company that these representations were false were that he had had an habitual cough, had raised blood, and exhibited other marks of consumption, and was habitually intemperate.

The plaintiffs called a number of witnesses upon this point, including the wife of Delaney and her two sisters, and the representations of Delaney and the defendant White, in writing, were put in. On the other hand the defendant called an equal number of witnesses, who testified that they knew Delaney well, and were accustomed to see him consantly, and that he had no habitual cough and was not intemperate.

The case occupied seven days in trial, and was finally decided in favor of the company, to whom a verdict of $12,175.01 was given, being the full amount with interest.

Though this may be a case with some aggravated features, it is vain to deny but that the competition of companies, the solicitations of agents, and the temptation of sharing premiums, or the fear of offending individuals, frequently leads to a less conscientious examination than should be the case. The plan of classifying risks when properly carried out, would accommodate all and imperil none, and doubtless would be better for all in the long run. In the meanwhile we urge the most uncompromising impartiality in examinations on all physicians.

Notes and Comments.

A Quack well Served.

A certain town in Georgia was recently visited, as country towns are apt to be, by a traveling quack, who covered the fences with his posters, and took up two columns of the village paper with his boasts and his promises. There were but two regular physicians in the town, and after they had borne this long enough, they put an advertisement in the paper likewise, over both their names, quoting that article (Art. 1, Sec. 3,) of the code of Ethics, which forbids professional advertising, and going on to say "So universal is the sentiment of the medical profession on this point, *all over the world*, that no man who has ever been a physician will violate it until he has reached a degree of moral and professional degradation that will prompt him to practice any deception or dishonesty he may consider necessary to his pecuniary success. But the fact to which we wish prominently to direct attention is, that nine-tenths of these persons have no connection with the medical profession and have no authority to practice; and instead of being the *great lights* which they proclaim themselves, are the wildest adventurers, ignorant alike of the science of medicine and the laws which govern the profession. Their very presence is an insult to the intelligence of the community. We profess to know the standard by which scientific men are distinguished from impostors; and emphatically assert our ability to prove the whole herd of advertising quacks who pass this way to be without character in in any locality, and without authority to practice medicine or surgery. If they can be induced to show a diploma we will prove it a forgery, or that the faculty that granted it repudiates and disowns the person for dishonesty and incompetency. For every failure to establish one or all of these points we agree to pay the town commissioners $100.

"The impudent impostor now at the hotel in this village, seeking to frighten delicate and nervous ladies into acceptance of his treatment *and terms*, and sending to the decrepit, reckless assurance, known by every surgeon of sense and honesty to be unwarrantable, is no exception to the above statements."

This eminently proper course had the desired effect, the "distinguished professor" leaving by the night train, for fear he should be arrested as obtaining money under false pretenses.

We quote this example as a good one, which if imitated will rid country districts of these impostors.

Statistics of Tracheotomy.

A correspondent in Indiana calls attention to the value of a statistical synopsis of operations on the trachea, and hopes that a complete one will be prepared by some competent hand. There was about two years ago a very good one published in the Transactions of the Medical Society of his State, but, doubtless, it could now be considerably amplified.

DR. H. LENOX HODGE commences his course of lectures on regional anatomy at his rooms in Chant street, in April. They will be found of great use to students.

Lady Doctors in Sweden.

The Swedish Government is going to establish a Medical College at Gothenburg, where ladies of the age of seventeen and upwards may go through a complete course of study, lasting three years, and including clinical and anatomical lectures. The diplomas obtainable in consequence will give them the right to practice as physicians in any part of the kingdom.

CORRESPONDENCE.

DOMESTIC.

Consanguine Marriages.

EDS. MED. AND SURG. REPORTER:—In looking over a back number of the REPORTER, I noticed an article by Dr. ALEXANDER, intended as a reply to me on consanguine reproduction. Thus a few words touching his position may not be out of place: He asserts that four cases have come to his knowledge where cousins married, and general imperfection of the progeny he claims as the result; all being idiots, or but little above it; and a large portion occupied "premature graves." In what manner these extraordinary cases came to his knowledge, he did not state; but probably, as *similar* cases came to my knowledge, in which a personal examination proved that the parents were *not* relative. A thorough examination in his cases may prove the same thing. There are *always* other good reasons for such imperfection. As the general impression has been, that such results necessarily follow consanguine reproduction, it is proper to receive such reports with extreme caution.

The Dr. not only admits my position, which has been heretofore denied in regard to fruitfulness, but he avoids an attempt to refute my position, as regards the author of the universe, having established the *necessity* for consanguine reproduction. I hope he may yet make a thorough examination in his reported case, when he will see the impropriety of his present position. In regard to stock, he states that "*it has been found*" that numerous imperfections there exist from the same cause, which is a mere repetition of previous generations, without a sustaining fact. "Sheep die with rot, and fowls with gapes." Why not as well say that men die with small-pox, and women with gasps.

Again he seems to come to the same erroneous conclusion in regard to the vegetable kingdom, and minus of proof; that grain cannot be successfully cultivated on the same ground for many years without changing the seed; and that agriculturists and horticulturists will doubtless sustain him in this position, which I claim the intelligent cannot, and will not do; for reason and experience teaches that proper capacity, good seed, and nutrient soil, are all that is required to perpetuate the kind. If the farmer will give the grain or vegetable just what it requires for food, he will receive in return just what *he* requires; but if the nutrition is withheld, then we must suffer the loss. My father raised for very many years the best corn in the country, on the same piece of ground, by giving it proper food and care.

New York City. D. I. D. SHELDON.

Hydrangea in Calculus.

EDS. MED. AND SURG. REPORTER:

I send you note of a case which may interest your readers.

Case.—J. R——; age 38; general health good; has suffered for several years from pain in the prostatic portion of urethra, which is tender to the touch, but slightly swollen; has a muco-purulent discharge from urethra, constant, but at times more considerable than at others; micturation impeded, frequent, often urgent. Says the pain was at one time nearer the bladder, but has gradually reached its present seat. Gives a history of symptoms previous to the beginning of present ones, which would indicate stone diagnosis. Suspected calculus. Treatment: gave Hydrangea (fluid extract) two drachms; Buchu (fluid extract) one drachm, in three doses during the day; to test their effects in relieving urethral and vesical irritation.

Result. Three days after prescription, patient stated that during micturition heard something fall upon the zinc lining of the trough used by the men. Searched and found something which he showed me. It was a calculus seven-eighths of an inch in length and nearly one-quarter of an inch in diameter, closely resembling a minute Indian arrow-head. Patient thought it was a piece of bone. It consisted of a nucleus harder than the periphery, and at the extremities rounded off. The external portion resembled the mulberry calculus formation. Patient was overjoyed upon learning what it was, especially as he was now free from all his former difficulties. Would not surrender his "stone," but carried it off as a trophy, and has not failed, as I hear, to expatiate on his, as he considers it, wonderful cure, especially as he has several times been under treatment for his trouble but had obtained no relief.

J. C. DOWNING, M. D.

Wappington Falls, N. Y.

Relapsing Fever.

EDS. MED. AND SURG. REPORTER:

The New York papers mention a new character of fever, supposed to be introduced from Europe. Being confined to the poorer classes in crowded and badly ventilated apartments, the public will naturally conclude that the more salubrious parts of the city will escape its ravages.

The history of epidemics shows that sometimes malignant diseases will spread universally through a city and the surrounding country from just such a nucleus as may now exist in the locality referred to. If the disease is the result of a general *epidemic influence*, it will be likely to extend. That it is epidemic in England we are informed, and its spread from those who were its victims on board the ship to residents of New York, would indicate an epidemic character here.

Relapsing fever has been known in European

cities for many years. Those who commenced practice prior to 1840, will remember that in 1838, a severe form of fever prevailed all through the Mississippi valley. Even here, in an elevated and most salubrious region of country, it is stated that in a population of 2,000, 100 died in Knoxville alone. The disease was remittent or intermittent, and modified in type and malignancy by causes existing in different localities.

The scene of my own observations, at the time, was in a malarious district about forty miles directly north from Detroit, Michigan. In 1838 and '39 the type was decidedly intermittent. In 1844 and '45 the fevers began to be more decidedly malignant; and in many instances presented the phenomena described as relapsing fever. At the first attack, and during a period of from ten to fourteen days, the appearances were those of ordinary periodic fever. Generally, on or about the 14th day, there was a favorable change, and convalescence seemed to commence. But to our surprise, in many cases, a most unexpected relapse would occur. The patient was suddenly taken with a chill, and soon became insensible. The countenance was bronzed, the breathing sonorous and slow. Pulse, soft, infrequent, and sluggish. Tongue rapidly took on a dark, dry, and crusty coat. Generally the patient could be aroused so as to respond in monosyllables, with a guttural, grunting sound, and show signs of impatience on being disturbed. There did not seem to be undue cerebral determination or congestion, but a functional disturbance or suspension of nervous energy. This state of things continued till death or unexpected recovery ensued.

Convalescence in favorable cases was slow, and attended with occasional relapses of simple intermittent. In fatal cases death seemed a result of prostration and exhaustion.

At the time I was a subscriber to the *Medico-Chirurgical Review*, and the number for July, 1844, came to hand while the disease was at its height. On page 59, I found a description by Dr. CORMACK'S of an epidemic form then, prevailing in Edinburgh, in which relapses formed an important characteristic feature. I was impressed with the similarity, and have never since seen anything like it. In some localities, or neighborhoods, whole families were prostrated, particularly in the vicinity of mill ponds, marshes, and bottom lands along the streams.

As throwing some light upon the special pathology of the disease, I will mention the post mortem examination in the case of a middle-aged Scotchman, who died suddenly and unexpectedly, when supposed to be convalescent. There was enlargement of the spleen, congestion of the liver, and in the right ventricle of the heart was a firm, fibrinous clot, which had partially passed into the pulmonary artery. It may be added that in many cases, profuse sweating attended the worst cases, during the stage of collapse.

I have at different times reported descriptions of the fevers which prevailed under my observation, from 1838 to 1848. They may be found under Epidemics of Michigan, in Trans. Am. Med. Association, 1857 or 58. In *N. Western Medical and Surgical Journal*, for February, 1853, and Transactions of Ill. State Med. Society, for 1857.

AITKEN describes relapsing fever very fully, and mentions its prevalence in the United States in 1847 and '48.

He quotes Dr. CORMACK among others as authority. The above reflections were suggested, while calling to mind scenes which transpired long ago, but still fresh in memory, from the strong impression made upon my mind, by being called upon to treat so severe a form of disease, while just commencing practice. F. K. BAILEY, M. D.

Knoxville, Tenn., Feb. 1870.

NEWS AND MISCELLANY.

India Rubber Nursing Tubes a Cause of Sore Mouth.

A correspondent writes the *Scientific American*, that he has found the India rubber tube, so generally used upon nursing bottles, to be a cause of sore mouth in children, and describes a case where rapid recovery from a long and severe attack of sore mouth and throat in a nursing child resulted from the removal of the rubber tubes. He also calls attention to an extract from an English paper, which corroborates the opinion that such tubes are a source of sore mouth and throat in nursing children.

Aqua Chlorini in Trichinitis.

During the late epidemic of trichinitis in Hildesheim, Germany, one of the physicians, taking the symptoms of his three first patients for cholerine, prescribed concentrated *Aq chlorinii*, and noticed rapid subsidence of the colicky pains. He continued this remedy even after observing the mistake, and succeeded with it fully in fourteen cases, five of which were of the highest grade, by giving at first, every third hour, two teaspoonfuls, and when the catarrh of the stomach had gradually subsided, one teaspoonful, and a draught of water to be taken five or ten minutes after the dose.

Veterinary Hospital.

The Horse Hospital attached to the New York Fire Department has been established for over three years. Previous to November 1866, the sick horses were treated by private veterinary surgeons, and at much greater expense than under the present plan. The sick and disabled horses are brought to the hospital for treatment and their

places are supplied by the extra horses kept for that purpose. The ground floor of the hospital building contains seventeen stalls, two being box stalls, two having dirt floors for horses with tender feet, and the remainder being the ordinary open stalls. On the second floor are the feed room and the surgeon's laboratory with an ample supply of remedies, and on the third floor are the sleeping rooms of the stable men. The veterinary surgeon visits every engine house once a week, and either prescribes for the horses or orders them to the hospital. In case of horses being taken ill, the fact is reported at the hospital and a spare animal is sent to take the place of the disabled horse. The New York Fire Department owns in the aggregate 160 horses, all over 16 hands high, strong, sound, docile, and able to trot a mile in four minutes. In going to a fire running is not permitted, the prescribed gait being a four minute trot and a walk on the way home. The principal diseases treated in the hospital are tender feet, bad legs, colds, and cholics.

Death from Chloroform.

A lady died in New York, last December, from the inhalation of chloroform. The jury found that her death was caused by inhaling chloroform to relieve headache. People cannot be too earnestly cautioned against the use of this dangerous drug unless under professional direction and administration; even then deaths are of not unfrequent occurrence in hospital practice.

——The Red Wing, Minnesota *Argus*, says that out at Pine Island, there is an interesting item for the medicos. A pair of twins, one white and the other black. The mother is white.

QUERIES AND REPLIES.

Tinct. Calabar Bean.

Dr. R. A. C., of Texas.—"What proportion of Calabar bean is used in making the tincture, and what is the dose?

REPLY.—Eight grains of the extract to an ounce of alcohol, make the tincture. Dose is ten minims.

Reply to C. C. M. No. 676, p. 144.

Dr. J. de B., of Pa., send these prescriptions:

℞ Tinct. cinchonæ comp., ℥iv.
Acidi nitro-muriat., ℥ij. M.
S. Teaspoonful three times a day in a little water.

Or,

℞ Acidi sulphurici aromat., ℥j.
Quiniæ sulph., ℥ss. M.
S. Fifteen drops three times a day in water.

For the liver.

℞ Podophyllin,
Leptandrin, aa. grs. ss. to grs. ij. every night.

[This latter prescription seems to us "massive." We have repeatedly known one-fourth of a grain of podophyllin to purge severely.—EDS.]

Ozœna.

MESSRS. EDITORS:—In answer to "Queries," with regard to the treatment of Ozœna, I would say that I have treated a large number of cases within the last two years without a failure thus far, by the use of "Thudichum Nasal Douche" apparatus. Using as medicaments first, solutions of Chloride of Sodium, one or two ounces to the pint, for the purpose of cleansing the nasal cavities. Then solutions of alumen, half an ounce to an ounce to the quart of water, winding up the treatment at each sitting by solutions of Permanganate of Potassa, when there is fetor.

I attach great importance to a liberal use of the Chloride of Sodium solution, not unfrequently running four gallons through the patient's nostrils at a sitting.

Respectfully, C. R. J. KELLAM, M. D.
North Haverhill, N. H.

MESSRS. EDITORS:—Are there any manufacturers of the Sulph. Carbolates of Zinc and Sodium in the U. S.? Can they be had in your city or New York?

Is there a later edition of Tyler Smith on Parturition than 1849? If not, is there any similar work of recent date?

We want a point to a glass Hypodermic syringe. Ours is so large that it bends upon introduction. Can you send it? If so, by mail or how? And do you require the old point to have it made similar? It is the longest straight point in the syringe.

Texas. R. D. M. & Co.

REPLY.—We think we can get you some sulpho-carbolates, but we know of no manufactory in this country. Smith on parturition was republished in 1863. There are many other works on the same topic. Send your syringe by mail and we will change the point. Our agency will attend to it for you.

MARRIED.

BARTON—DIMICK.—In Sharon, Vt., February 5th, by Rev. G. H. White, Dr. Rufus T. Barton, of Ludlow, and Miss Emily F. Dimick, of Sharon.

TIPPLE—HICKLEY.—On the 15th ult., in Altoona, Pa., by the Rev. R. M. Wallace, Dr. Robert Douglas Tipple, of Bellefonte, Pa., and Miss Susan Hickley, of Unionville, Pa.

VANKIRK—FARRAND.—February 17, at the residence of the bride's father, by Rev. J. H. Conkle, of Elizabeth, assisted by Rev. A. J. Lane, B. H. Vankirk, M. D., of Wet Newton, Pa., and Miss Minnie Farrand, of Elkton, Ohio.

DIED.

COLE.—At Burlington, N. J., Feb. 23d, Rebecca, youngest daughter of the late Dr. N. W. and Rebecca Cole.

METEOROLOGY.

FEB.	14,	15,	16,	17,	18,	19,	20.
Wind.....	S. E.	N. E.	S. W.	S. W.	S. E.	N. W.	S.
Weather.	Cl'dy Rain.	Cl'dy Rain.	Clear	Clear	Cl'dy Rain.	Clear	Cl'dy Rain. Snow
Depth Rain	8-10	7-10			7-10		1-10
Thermom....							
Minimum..	23°	38°	29°	30°	40°	25°	28°
At 8, A. M.	30	43	34	33	51	29	32
At 12, M...	36	48	40	48	57	31	48
At 3, P. M.	35	47	41	48	56	34	46
Mean.....	31.	44.	36.	39.75	51.	29.75	38.50
Barometer..							
At 12, M...	29.8	29.9	30.2	30.2	29.6	29.9	30.1

Germantown, Pa. B. J. LEEDOM.